

Victim Compensation Program

Information Request Form

Please fax this form to ask about the status of applications or bills that you have submitted to the Victim Compensation Program as an advocate representative for a claimant.

Fax to: Dori Eisenhour, Advocate Liaison

Fax: (916) 491-6435

Feel free to use additional sheets if necessary.

Application Number	Claimant Name	Description of Issue

Advocate Name: _____

(Please print)

Signature

Victim Assistance Center
or Agency Name: _____

Telephone Number: () _____ - _____

Fax Number: () _____ - _____

Researched by	
Response Date	
Person Contacted	

Information on this form is intended for the single requestor listed above. All claims filed with the California Victim Compensation Program (VCP) are confidential. Except as required by law, information such as the identity of an applicant, the existence of a claim, the status of a claim or other details regarding the claim can only be disclosed with the written permission of the applicant. Disclosure of confidential VCP information to unauthorized parties is a violation of California law.